

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51				
2		/				52				
3	/					53				
4	/					54				
5	/					55				
6	/					56				
7	/					57				
8	/					58				
9	/					59				
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39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.	3					TOTAL IND.				
TOTAL DEP.	27	↔	↔	↔		TOTAL DEP.	↔	↔	↔	
TOTAL CLAIMS	30					TOTAL CLAIMS				